TRANSMITTAL FORM *(to be used for all correspondence after initial filing)*	Application Number	**09/841,360**
	Filing Date	**April 24, 2001**
	First Named Inventor	**Franc J. Camara**
	Group Art Unit	**2174**
	Confirmation Number	**6257**
☐ Sent via Express Mail Label No.:	Examiner Name	**Steven Paul Sax**
	Attorney Docket Number	**154783.02**

ENCLOSURES *(check all that apply)*

☐ Fee Transmittal Form
    ☐ Fee Attached

☒ **Amendment / Reply (7 pages)**
    ☒ **After Final**
    ☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement with
    Form PTO/SB/08A (pages)

☐ Response to Notice to File Missing Parts
    ☐ A copy of the Notice to File Missing
    Parts Under 37 CFR 1.52 or 1.5

CERTIFICATE OF MAILING OR TRANSMISSION
(Under 37 CFR § 1.8(a))

I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below:

January 24, 2007 _____
Date   Signature
            Kate Marochkina
            Printed Name

☐ Assignment Papers
    (for an Application)

☐ Drawing(s) (sheets)

☐ Declaration
    ☐ Newly Executed (pages)
    ☐ A copy from a prior application
    (37 CFR 1.63(d)) (pages)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional
    Application

☐ General Power of Attorney (SB80)
    ☐ 37 CFR 3.73(b) Statement

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) __

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of
    Appeals and Interferences

☐ Appeal Communication to TC
    (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Application Data Sheet

☐ Request for Corrected Filing Receipt

☐ Return Receipt Postcard

☐ Other Enclosure(s) *(please identify below)*:
    ☐
    ☐
    ☐

Remarks   ☒ The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.

SIGNATURE OF ATTORNEY OR AGENT

Signature	*(signature)*	Reg. No.	**48,303**		
Name of Attorney or Agent	**Stephen Siu**				
Date	**January 24, 2007**	Tel.	**(425) 704-0669**	Facsimile No.	**(425) 708-5046**
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